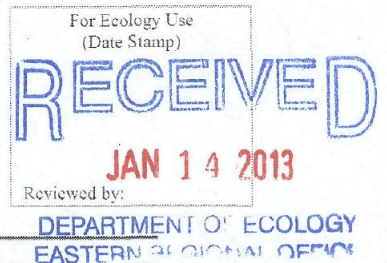




Water Resources Program
PROOF OF APPROPRIATION OF WATER



PERMIT NUMBER G3-30143	CHANGE APPROVAL NUMBER		
NAME OF PERMITTEE MAYNEO Cutler	CONTACT NAME (IF DIFFERENT)		
MAILING ADDRESS (STREET) 17606 N. South Bank Rd Nine Mile Falls WA	CITY Nine Mile Falls WA	STATE WA	ZIP CODE 99026
PHONE NUMBER () -	FAX NUMBER () -		

SOURCE(S) OF WATER Wells A & C	LOCATION OF SOURCE(S)				
	NO. $\frac{1}{4}$ SW NE $\frac{1}{4}$ NE SECTION 21 28 TOWNSHIP N. 27 RANGE (E/W)M 41				
LIST ALL PURPOSES WATER IS USED FOR: IRRIGATION					
DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE IN USE	TIME OF YEAR WATER IS USED: <input type="checkbox"/> Continuous/Year round <input checked="" type="checkbox"/> Seasonal	IF SEASONALLY, LIST THE START AND END DATE Start: Apr End: Oct			
DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL PAPER IF NECESSARY) 2 Wells, handlines, wheel lines, Pumps					
DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED (USE ADDITIONAL PAPER IF NECESSARY) SAME AS PERMIT					
NO.	$\frac{1}{4}$	$\frac{1}{4}$	SECTION	TOWNSHIP N.	RANGE, (E/W)M

PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION

Point of Diversion/Withdrawal Tax Parcel #: **(A) - 17215.9032**
(C) - 17272.9043

For Pump Designed Water System Information:

TYPE OF PUMP: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
MAKE	MODEL #	SERIAL #	HORSEPOWER
MOTOR	BHP	SPEED	RPM
<input type="checkbox"/> Water lubricated <input type="checkbox"/> Oil Lubricated			
BOOSTER PUMP	BREAK HORSEPOWER	PRESSURE	OPEN DISCHARGE
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
PUMP DISCHARGE HEAD PRESSURE psi	DISCHARGE PIPE DIAMETER		

For Ground Water Withdrawal (if more than one, please include attachment)

Ecology Unique Well Identification Number(s)		[Include a copy of the well log(s)]
PUMP SETTING (DEPTH)	STATIC WATER LEVEL feet below land surface	DYNAMIC (PUMPING) LEVEL feet below land surface
ACCESS PORT INSTALLED? <input type="checkbox"/> Yes	AIRLINE INSTALLED? <input type="checkbox"/> Yes	AIRLINE LENGTH Feet

For Non-Pump Designed Water Systems

METHOD OF WATER DIVERSION	SCREEN MESH SIZE	DESCRIPTION OF WORKS
Accept: Print		METHOD OF CONTROL

Chkd By: **KB** Date: **1/14/13**
Request Cert Fees

USE OF WATER FOR:

1. Irrigation (Please include map of all irrigated lands):

TYPE OF SYSTEM <u>Pivots / Hand / Wheel Lines</u>	NUMBER OF SPRINKLERS OR EMMITTERS <u>1</u>	SPRINKLER/EMMITER MAKE <u>VANES</u>	MODEL & RATED DISCHARGE
SIZE NOZZLE/EMMITER OPENINGS	AVERAGE PRESSURE AT SPRINKLER/EMMITER HEADS	NUMBER OF ACRES DEVELOPED	TYPE OF CROP(S) <u>VARIOUS</u>

2. Municipal or Domestic Supply

NUMBER OF DOMESTIC UNITS CURRENTLY SERVED: <u>0</u>	NUMBER OF DOMESTIC UNITS TO BE SERVED	POPULATION CURRENTLY SERVED
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ALSO, provide the following information, if applicable:

- ☐ Department of Health public water system identification number.
- ☐ Map of the delivery system (provide copy if water system is done)
- ☐ Map of present service area and lots presently using water (Non-Municipal Users).
- ☐ If platted property, provide copy of the file plat map or file reference number Non-Municipal Users).
- ☐ Other incidental beneficial uses associated with the domestic supply (Non-Municipal Users).

3. Industrial or Commercial

TYPE OF INDUSTRY OR COMMERCIAL PROCESS
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If a waste discharge permit is required for the facility, include a reference to the permit number: _____

4. Other Use of Water (describe): _____

WATER USE AND MEASUREMENT

IS A FLOW METER OR MEASURING DEVICE INSTALLED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION OF METER(S) OR MEASURING DEVICE(S) <u>AT Wells</u>		
MAKE	SERIAL NUMBER	INSTALLATION DATE	INSTALLED BY:
METER READING <u>YES - 2012</u>	DATE		

*Include copy of meter specifications

Report actual amount withdrawn or diverted from permanent system on an instantaneous and annual basis. Please include meter data or describe method used to estimate annual volume.

CUBIC FEET PER SECOND	ACRE FEET PER YEAR	GALLONS PER MINUTE <u>300</u>	TOTAL GALLONS PER YEAR <u>60+</u>
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If the existing water use as indicated by meter data, etc., is less than you anticipate to be the full extent of the water right which you are reporting through submission of this form, please explain on a separate sheet of paper.

I, _____, and _____ do certify that I/we have completed appropriation of water under Water Right Permit or approved water right change number, _____. This notice and attached documents are true and accurate statements and describe and support my/our assertion that I/we have satisfied the terms of the permit/change in compliance with the law.

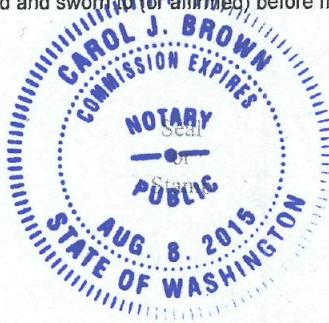
Permittee(s) Signature

Permittee(s) Signature

Date

State of: Washington
County of: Spokane }

Signed and sworn to (or affirmed) before me on this 14th day of January, 2013



(Signature)

(Printed Name)

(Title)

My appointment expires: